



# MATERIAL ORDER FOR THE UNIFORM DWELLING CODE (UDC)

Personal information you provide may be used for secondary purposes, [Privacy law, s. 15.04 (1)(m)].

Safety & Buildings Division  
Inspection and Safety Support Section  
P.O. Box 2509  
Madison, WI 53701-2509  
Telephone: (608) 267-4405  
www.commerce.state.wi.us

Print or type - this is used as your mailing label

Materials to be used by the following municipality, if applicable:

Name, Title			Town, Village, or City of	
Mailing Address			County of	Municipality Number
City	State	Zip	Chief Inspector Name	
			Telephone ( )	

FORM NUMBER	MATERIALS REQUIRED	NUMBER IN UNIT	COST OF UNIT	NUMBER UNITS ORDERED	COST
N/A *	Building Permit Seal (For enforcing municipalities) *	1	\$25	X	=
SBD-5823	Wisconsin Uniform Building Permit Application	25	\$6	X	=
SBD-5824	Wisconsin Uniform Building Permit Card	25	\$6	X	=
SBD-6025	Inspection & Noncompliance Report	25	\$6	X	=
SBD-6072	Permit to Start Construction (Footing & Fdtn Approval)	25	\$6	X	=
SBD-9890	Petition for Variance	1	NC *		= NC *
SBD-10266	Notice of Violation Card (Stop Work Notice)	25	\$12	X	=
N/A *	State Inspection Agency Fee (Per Building Permit Seal) (Applicable to only 2 contract agencies.)	1	\$20	X	=
SBD-8254	Wisconsin Administrative Building Permit Application	5	NC *		= NC *
	(For non-enforcing municipalities)	25	\$6	X	=
SBD-7955	UDC Brochure for Homeowners (Being Revised)	25	NC *		= NC *

\* NC - No Charge N/A - Not Applicable

\* All municipalities that have adopted an ordinance to enforce the UDC shall purchase a building permit seal for each new dwelling.

**Fee includes seal plus one each of the following forms: Building Permit Application, Building Permit Card, Non-Compliance Report and Energy Worksheet.**

(If you do not desire any of these forms with your seals, please cross them out.)

<b>TOTAL COST</b> \$ _____
<b>Fiscal Code #: 7655</b>
<b>Paid Receipt #:</b>

**Instructions:** Please **print** or **type** when completing this form. Retain pink copy of form and mail all other copies. This form is preaddressed and may be returned using a left window envelope. To do so, please fold form so that the address listed below is positioned accordingly. Please enclose payment with order. Make checks payable to Safety & Buildings Division. A completed form will be returned to you as your confirmation of payment.

SEND TO:

Inspection and Safety Support  
P.O. Box 2509  
Madison, WI 53701-2509

OFFICE USE ONLY FOR ASSIGNMENT OF SEAL NUMBERS		
Starting Permit Seal #	Through & Including Permit Seal #	Number of Permit Seals Issued
Total Seals Shipped:		
Date Shipped:	Initials:	

SBD-8262 (R4/04)